

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P97000047974**

1. Entity Name

**SPIVEY JOINT VENTURES, INC.**



Principal Place of Business  
**13338 INTERLAKEN ROAD  
ODESSA FL 33556**

Mailing Address  
**13338 INTERLAKEN ROAD  
ODESSA FL 33556**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3452418**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWARTZ, RONALD R  
18045 JORENE RD.  
ODESSA FL 33556**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTD SPIVEY, SANDRA L	5852 S. GARCIA RD	HOMOSASSA FL 34448				
	VD SPIVEY, DANIEL E	13019 ROYAL GEORGE AVE	ODESSA FL 33556				
	VD SPIVEY, JIM V	14315 WADSWORTH DRIVE	ODESSA FL 33556				
	VD SPIVEY, TIM M	14521 BOLAND AVE.	SPRING HILL FL 34610				
	VD SPIVEY, STEVE E	28315 SONNY DR.	ZEPHYRHILLS FL 33544				
	SD LAZAR, COLETTE	3324 HAYSTACK RD.	ZEPHYRHILLS FL 33543				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Sandra L. Spivey** 1-9-03 813-926-8846  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90437 010 \*\*\*150.00

10000041



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)